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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application No.	09/755,498	
	Filing Date	January 5, 2001	
	First Named Inventor	Michael Yip	
	Group Art Unit	2155	
	Examiner Name	Y.N. Won	
Total Number of Pages in This Submission	7	Attorney Docket Number	2717P030

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>- check in the amount of \$430.00 - Return Receipt Postcard</p></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lisa Tom, Reg. No. 52,291 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Lisa Tom</i>
Date	December 10, 2002

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 on: December 10, 2002			
Typed or printed name	Annie G. Pearson		
Signature	<i>Annie Pearson</i>	Date	December 10, 2002

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FREE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/755,498
TOTAL AMOUNT OF PAYMENT (\$) 430.00		Filing Date	January 5, 2001
		First Named Inventor	Michael Yip
		Examiner Name	Y.N. Won
		Group/Art Unit	2155
		Attorney Docket No.	2717P030

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		3. ADDITIONAL FEES																																																																																																																																																																																									
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lisa Tom	Registration No. (Attorney/Agent)	52,291
Signature	<i>Lisa Tom</i>	Telephone	(503) 684-6200
		Date	12/10/02

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